MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

04142

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Forest E. Baker

3. (b) Social Security Number 215-18-9851

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martha Baker

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 3, 1870

8. AGE: Years 69 | Months 7 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace West Chester Pa.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Joseph Baker
13. Birthplace Pa.

MOTHER
14. Maiden name Ellen Snare
15. Birthplace Pa.

16. Informant Mrs. Fred R. Dunn Jr.

Address Victory Ave + New Pear St. Vineland N.J.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof April 22 1940
(month) (day) (year)

Cemetery or crematory Brookview

Location Rising Sun Md.

18. Funeral director J. E. Tyson.

Address Rising Sun Md.

19. Apr 20 1940 L. M. Worthington
(Date rec'd by registrar) Registrar

Permit issued 4-20-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 8:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1940, to April 19 1940, and that I last saw him alive on April 18 1940.

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to would say to Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Slicer. M.D.
M. D. or other

Address Rising Sun Date signed 4/19 40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95-C)

04143

Reg. Dist. No. 94

1. PLACE OF DEATH:
County Cecil Co. Md
City or town Near North East R.D. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. North East R. D. 2,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel E. Bechtel

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Fred Bechtel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 16, 1877
8. AGE: Years 62 Months 8 Days 6 If less than one day hrs. min.
9. Birthplace Camden, N.J. (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name J. Girvin
13. Birthplace Unknown
MOTHER 14. Maiden name Anna Carpenter
15. Birthplace Camden N.J.
16. Informant Mrs. Mary E. Wythe
Address North East, Md. R.F.D 2
17. Burrial (Burial, cremation, or removal. Which?) Date thereof 4/25/40 (month) (day) (year)
Cemetery or crematory Cecilton Cemetery
Location
18. Funeral director John F. Coppage
Address Cecilton, Md.
19. Apr. 22 1940 (Date rec'd by registrar) Lida V. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 10:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dropped dead 19, to 19,
and that I last saw h alive on 19
Immediate cause of death Acute heart attack
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John B. Slicer Coroner M. D. or other
Address Rising Sun M.D. Date signed 4/22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-a)

CERTIFICATE OF DEATH

04144

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (T) VS A15

1. PLACE OF DEATH:
County Cecil
City or town Carlton, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Cecil
City or town Carlton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eliza J. Bell

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Bell
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mar. 10th 1855
8. AGE: Years: 85 Months: 1 Days: 11 If less than one day: ____ hrs. ____ min.
9. Birthplace: Cecil Co. Md. (Town, county, and state)
10. Usual occupation: Home Wife
11. Industry or business
FATHER 12. Name: Henry Hughes
FATHER 13. Birthplace: Cecil Co Md
MOTHER 14. Maiden name: Isabelle Anderson
MOTHER 15. Birthplace: Cecil Co., Md
16. Informant: Emory Sisco
Address: Carlton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 23/40 (month) (day) (year)
Cemetery or crematory: Carlton Cemetery
Location
18. Funeral director: John F. Coppage
Address: Carlton, Md.
19. April 23 1940 (Date rec'd by registrar) Irving Crosby Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

	DURATION
Immediate cause of death: Acute heart attack	
Due to: Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE John B. Blew coroner
M. D. or other
Address Rising Sun Md. Date signed 4/22-40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

04145

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 1 yr, 8 mos, 7 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2924 Presstman Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Indian War

3. (a) FULL NAME: BINAU, Anthony

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Catherine M. Binau

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 12, 1858

8. AGE: Years	Months	Days	If less than one day
81	5	7	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Druggist

11. Industry or business

FATHER — 12. Name: John M. Binau - deceased

13. Birthplace: Europe

MOTHER — 14. Maiden name: Carrie Hoskins - deceased

15. Birthplace: Europe

16. Informant: Hospital Records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof April 20, 1940 (month) (day) (year)

Cemetery or crematory: Oakleaon

Location: Eastern Ave - Baltimore, Md

18. Funeral director: Harry H. Wiltshe

Address: 4101 Edmondson Ave

19. 4-19 (Date rec'd by registrar) 19 40. Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 19 40, at 5:53 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 12 19 38, to April 19 19 40, and that I last saw him alive on April 19 19 40.

Immediate cause of death	DURATION
Arteriosclerotic heart disease	Unknown
Due to	
Due to	
Other conditions	
Generalized Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis

C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration Perry Point, Md. Date signed 4-19-40

RECEIVED
APR 25 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

04146

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: rural — Elkton RD 5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Baby Carter

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 23 - 1940

8. AGE: Years | Months | Days | If less than one day: 3 hrs. ____ min.

9. Birthplace: Union Hospital Elkton Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Henry Williams
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mable Carter
15. Birthplace: Maryland

16. Informant: Genevieve Walker

Address: Elkton Maryland R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 26 - 1940 (month) (day) (year)

Cemetery or crematory: Trinity Cemetery

Location: Near Zion Maryland

18. Funeral director: F Lorence E Abernathy

Address: Elberyhill Md Elkton Md R.F.D.

19. April 24 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/23 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Premature 8 months.

Due to: Eclampsia bag.

Due to: Caucasian after death.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R L Dodson M.D.
M. D. or other

Address: Rising Sun Md Date signed 4/28 - 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (148-a) from 144A

04147

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town rural - Elkton RD 5 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mabel Carter

3. (b) Social Security Number none

4. Sex Female

5. Color or race Black

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife no

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 - 1926

8. AGE: Years 13 Months 7 Days 15 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Joseph Carter

13. Birthplace Maryland

MOTHER 14. Maiden name Reina Barrett

15. Birthplace Maryland

16. Informant Genevieve Walker

Address Elkton Md RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26-1940 (month) (day) (year)

Cemetery or crematory Trinity Cemetery

Location Near Zion Maryland

18. Funeral director Florence E. Abernathy

Address Cherryhill Md - Elkton Md RFD

19. April 24 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 1940, to 4/23 1940, and that I last saw her alive on 4/23 1940.

Immediate cause of death Eclampsia

Due to 8th month gestation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R E Dodson MD M. D. or other

Address Rising Sun Md Date signed 4/23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04148

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John David Donacke

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife Emma Donacke

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 24, 1879

8. AGE: Years 61 | Months 1 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Christinia, Pa.
(Town, county, and state)

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name Levi Donacke
13. Birthplace Pa.

MOTHER
14. Maiden name Virginia Wynn
15. Birthplace Unknown

16. Informant Mrs. John Donacke

Address Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 30, 1940 (month) (day) (year)

Cemetery or crematory Brookview

Location Rising Sun, Maryland

18. Funeral director J. E. Tyson

Address Rising Sun Md.

19. 4-29 1940 (Date rec'd by registrar) Mary H. Cherry Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-1 1940, to 4-27 1940 and that I last saw him alive on 4/26 1940.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. C. Dodson MD M. D. or other

Address Rising Sun Md Date signed 4-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

04149

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 2 mos. 20 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1717 G. Street, N.W.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: DRAKE, Louis Lincoln

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Mrs. Marian Roberts Drake

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 5, 1866

8. AGE:

Years	Months	Days	If less than one day
73	4	7	hrs. min.

9. Birthplace: Elizabeth, New Jersey (Town, county, and state)

10. Usual occupation: Publisher

11. Industry or business: Paint trade journal

FATHER

12. Name: Silas D. Drake - dead

13. Birthplace: New Jersey

MOTHER

14. Maiden name: Alice Vanhouten - dead

15. Birthplace: New Jersey

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: April 13, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Jos Gawler Sons

JOSEPH GAWLER SONS

Address: 1754 Penna. Ave., N.W., Wash., DC

19. 4-13- 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 12 1940, at 9:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 23 1939, to April 12 1940, and that I last saw him alive on April 12 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	4-12-40
Due to	
Due to	
Other conditions: Diabetes mellitus	Unknown
Generalized arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 4-13-40

JFC

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 22 1940
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W.D.)

04150

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Port Deposit, Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Port Deposit. R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Thomas Duff

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Naoma Duff

6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Apr. 7, 1873.

8. AGE: Years: 66 Months: 11 Days: 29 If less than one day: hrs. min.

9. Birthplace: Dublin Harford Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Tenant

FATHER

12. Name: William Duff

13. Birthplace: Harford Co. Md

MOTHER

14. Maiden name: Elizabeth Cantler

15. Birthplace: Harford Co. Md.

16. Informant: Naoma Duff

Address: Port Deposit, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 8, 1940 (month) (day) (year)

Cemetery or crematory: Oakwood

Location: Near Conowingo, Md

18. Funeral director: Lee A. Patterson

Address: Perryville, Md.

19. Apr. 8. 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 - 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Apr 2 1940 and that I last saw him alive on Apr 2 - 1940

Immediate cause of death: Chronic Myocarditis — DURATION: yrs

Chronic Endocarditis — yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. J. Benson, M.D. M. D. or other

Address: Port Deposit, Md Date signed: 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(50)

04151

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Milburn ft Elkton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: E Elkton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 119 Milburn St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Nor a Veteran

3. (a) FULL NAME: Sarah Jane Fisher

3. (b) Social Security Number: none

4. Sex: Femal
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Married
8 (b) Name of husband or wife: Clarence Fisher
6(c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): March 3 1892
8. AGE: Years: 48 Months: 1 Days: 12 If less than one day: hrs. min.
9. Birthplace: Snow Hill Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Steve Salisbury
13. Birthplace: West Virginia
MOTHER 14. Maiden name: Mamie Lee
15. Birthplace: Maryland
16. Informant: Clarence Fisher
Address: 119 Milburn St. Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18-1940 (month) (day) (year)
Cemetery or crematory: Colored Cemetery
Location: Elkton Md
18. Funeral director: Joseph R. Lowe
Address: North East Md
19. April 17 1940 (Date rec'd by registrar) F H Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 1940, at 4.50 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1940 to April 15 1940, and that I last saw her alive on April 14 1940

	DURATION
Immediate cause of death: Carcinoma of Liver	3 mo.
Due to: Chr. Glomerulonephritis	6 mo.
Due to: Secondary Anemia	
Other conditions: Carcinoma of Breast	11 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James L. Johnson M.D.
M. D. or other
Address: Elkton, Md Date signed 4/15/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04152
96

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131B)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): About 70 yrs. in County

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Addie A. Garey

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George O Garey

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 23 - 1860

8. AGE: Years: 79 Months: 10 Days: 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Oxford, Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: David Alexander
13. Birthplace: Elkton Md

MOTHER
14. Maiden name: Sarah ~~Holmes~~ Dungan
15. Birthplace: Pa.

16. Informant: Mrs. Hilda Rose
Address: North East, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: April 28, 1940 (month) (day) (year)

Cemetery or crematory: North East M. E. Cemetery

Location: North East, Md

16. Funeral director: Joseph R. Grant
Address: North East, Md.

19. Apr. 26 1940 Florence W. Sanders
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 1940, at 6.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1940 to Apr 25 1940 and that I last saw her alive on Apr. 25 - 1940

Immediate cause of death: Chronic Myocarditis — DURATION: Since 1935
Chronic Nephritis — 1935

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: B. J. Benson
M. D. or other

Address: Port Deposit, Md. Date signed: 4/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04153

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Blue Ball Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Elkton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Blue Ball Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rhoda May Holmes

3. (b) Social Security Number

4. Sex: F.
5. Color or race: Wh
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Raymond Holmes
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 26, 1917
8. AGE: Years 23 | Months — | Days 16 | If less than one day ____ hrs. ____ min.
9. Birthplace: North East, Md (Town, county, and state)
10. Usual occupation: House wife.
11. Industry or business
FATHER 12. Name: John Wales
13. Birthplace: Elk Neck
MOTHER 14. Maiden name: Elizabeth Stewart
15. Birthplace: North East R.D.
16. Informant: Raymond Holmes
Address: Elkton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 14/40 (month) (day) (year)
Cemetery or crematory: Elkton Cemt.
Location: Elkton, Md
18. Funeral director: H. W. Pippin Rev. [illegible]
Address: Elkton, Md
19. April 13 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to April 11 1940, and that I last saw her alive on 2:30 P.M. April 11 1940.
Immediate cause of death: Pulmonary Tb
Due to
Due to
Other conditions
(Include pregnency within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: 202 E. Main St. Date signed: 4/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

014154

Reg. Diat. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Cecil

City or town Bowlandville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Bowlandville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME R. H. Wayman Jones

3. (b) Social Security Number

4. Sex: male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rachel Jones

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 16 1869

8. AGE: Years 71 | Months | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Conowingo Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name George Jones

13. Birthplace Conodings Md

MOTHER 14. Maiden name Mary Boddy

15. Birthplace Conodings Md.

16. Informant Rachel Jones

Address Bowlandville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 3 1940 (month) (day) (year)

Cemetery or crematory Mt Grace

Location Conowingo Md.

16. Funeral director J. E. Tyson.

Address Rising Sun Md.

19. May 3 1940 (Date rec'd by registrar) Lemuel Mignon Registrar

Permit issued 5-3/1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended, to ____ 19____,

and that I last saw h____ alive on ____ 19____.

Immediate cause of death Paralytic Stroke — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John D. Price M. D. or other

Address Conowingo Md Date signed 5/3/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04155

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Elkton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 27 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Elkton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Lang

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wht	Widowed

6 (b) Name of husband or wife William Long

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 7 1870

8. AGE: Years	Months	Days	If less than one day
70	8	12	____ hrs. ____ min.

9. Birthplace Chesapeake City, Md (Town, county, and state)

10. Usual occupation Maid

11. Industry or business

FATHER 12. Name Johan Windel

13. Birthplace Germany

MOTHER 14. Maiden name Louisa Pensell

15. Birthplace Germany

16. Informant Elizabeth Russell

Address Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 20/40 (month) (day) (year)

Cemetery or crematory Elkton, Cemt

Location Elkton, Md

18. Funeral director H. W. Pippen & B. H. Pippen

Address Elkton, Md

19. April 20 1940 (Date rec'd by registrar) F. B. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 4 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930, to April 18 1940, and that I last saw h-her alive on April 17 1940

Immediate cause of death	DURATION
Acute Cardiac dilatation	
Due to Cardio-renal vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Herbert Bates M. D.

M. D. or other

Address Elkton Md Date signed 4/18/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04156

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 11 mos. 29 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Sent to R.I. 2/6/41 DS

State: Massachusetts County:

City or town: Power Street, Portsmouth Ward No. R.I.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Philippine Insurrection

3. (a) FULL NAME: MANCHESTER, Edwin F.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 5, 1872

8. AGE:

Years	Months	Days	If less than one day
68	3	1	hrs. min.

9. Birthplace: Fall River, Mass.
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business:

FATHER
12. Name: Edwin F. Manchester - deceased
13. Birthplace: Mass.

MOTHER
14. Maiden name: Jean A. Canedy
15. Birthplace: Mass.

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: April 8, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Fall River, Mass.

18. Funeral director: Pennington & Son. PENNINGTON & SON

Address: Havre de Grace, Md.

19. April 8 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1937, to April 7 1940, and that I last saw him alive on April 7 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	4-1-40
Due to	
Due to	
Other conditions	
Generalized arteriosclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations: --

Of autopsy: Same as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 4-8-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Vital)

CERTIFICATE OF DEATH

04157

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: North East
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: not a Veteran

3. (a) FULL NAME: Frank E. Marple

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Amelia Marple
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 1 1859

8. AGE:

Years	Months	Days	If less than one day
80	11	8	hrs. min.

9. Birthplace: Hartsville Pa
(Town, county, and state)

10. Usual occupation: Stone Mason

11. Industry or business: Construction work

FATHER
12. Name: Nathan Marple
13. Birthplace: Hartsville Pa

MOTHER
14. Maiden name: Elizabeth Dickinson
15. Birthplace: Woodbury N. J.

16. Informant: Elmer Marple
Address: Elkton R D Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11 1940
(month) (day) (year)

Cemetery or crematory: Union Methodist
Location: Union, Cecil Co. Md

18. Funeral director: Joseph R. Sears
Address: North East Md.

19. Apr. 11 1940 (Date rec'd by registrar) Lydia V. Greene Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1940, at 1140A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 3 - 1940, to Apr 8 1940
and that I last saw h- alive on Apr 7 1940

Immediate cause of death	DURATION
Uremia & Retention of Urine -	
Due to: Chronic Interstitial Nephritis	
Due to:	
Other conditions:	

(Include pregnancy within 8 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. S. Cumbrell M. D. or other
Address: Elkton - Md Date signed Apr 10 1940

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

Dr Collins 04158

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
County Cecil
City or town Charlestown, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Charlestown, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Harry Francis Morquis

3. (b) Social Security Number No

4. Sex M.
5. Color or race Wh
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Louise Morquis
6(c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.) Nov. 15, 1877

8. AGE: Years 63 | Months 5 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace Ceculton, Md (Town, county, and state)
10. Usual occupation Hotel Clerk
11. Industry or business
FATHER
12. Name Wm H. Morquis
13. Birthplace Elkton R.D. Md
MOTHER
14. Maiden name Beula Price
15. Birthplace Still Pond, Md
16. Informant Wm Morquis
Address Charlestown, Md
17. Burial, (Burial, cremation, or removal. Which?) Date thereof May 1/40 (month) (day) (year)
Cemetery or crematory Louncroft.
Location Morris Hook, Pa
18. Funeral director H. W. Pippin Per W H Pippin
Address Elkton, Md
19. 4/29 1940 (Date rec'd by registrar) Lida V. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1940, at 11 50 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to Apr 27 1940, and that I last saw him alive on Apr 27 1940.

Immediate cause of death Pulmonary Tuberculosis — DURATION 3 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C B Collins M.D. or other
Address North East Md Date signed 4-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04159

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Cecil Co. Md.
County
City or town Near Cecilton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cecil
City or town Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elwood F. Padley

3. (b) Social Security Number 217-08-3627

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie L. Padley

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 8th 1886

8. AGE: Years 54 | Months 11 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Franklin P. Padley

13. Birthplace Delaware

MOTHER 14. Maiden name Katherine Parader

15. Birthplace Delaware

16. Informant Annie L. Padley

Address Cecilton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/2/1940 (month) (day) (year)

Cemetery or crematory Carlton Cemetery

Location

18. Funeral director John F. Coffagen

Address Cecilton, Md.

19. May 1st 1940 (Date rec'd by registrar) Richard J. Busbee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__; and that I last saw h__ alive on ____ 19__.

Immediate cause of death Heart Attack — DURATION

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B Bleen M. D. or other

Address Rising Sun Md Date signed 4/30/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

04160

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days) 35 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2529 Barclay Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME

PEARSON, John N.

3. (b) Social Security Number

214-05-3458

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Mrs. Mabel Pearson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 25, 1893

8. AGE: Years	Months	Days	If less than one day
46	8	22	____ hrs. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Chauffeur and auto mechanic

11. Industry or business Garage

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 19, 1940 (month) (day) (year)

Cemetery or crematory Baltimore

Location Baltimore, Maryland

18. Funeral director George J. Ruth Inc. Undertakers

Address GEORGE J. RUTH 1735 Harford Ave., Baltimore, Md.

19. 4-16- 19 40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 40, at 12:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 19 40, to April 16 19 40, and that I last saw h 1m alive on April 16 19 40.

Immediate cause of death	DURATION
Coronary Sclerosis	Unknown
Due to	
Due to	
Other conditions	
Generalized Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations --

Of autopsy --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE C. F. Davis M.D. M.D.

C. F. DAVIS, M.D., Clinical Director

Address Veterans' Administration, Perry Point, Maryland Date signed 4-16-40

44C

APR 22 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

04161

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Rising Sun.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town near Rising Sun Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Patsy Ann Reynolds

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3. 1940

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace Rising Sun. md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Herman Reynolds

13. Birthplace md.

MOTHER 14. Maiden name Evelyn Benjamin

15. Birthplace Port Deposit. md.

16. Informant Herman Reynolds

Address Rising Sun. md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6 1940 (month) (day) (year)

Cemetery or crematory Brookview

Location Rising Sun md.

18. Funeral director C. E. Tyson.

Address Rising Sun md.

19. apr 6 - 1940 L M Washington (Date rec'd by registrar) Registrar

Permit issued 4-6-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on April 6 1940

Immediate cause of death	DURATION
Infant-Mal-nutrition in utero	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Geo. W. Truaut M.D. M. D. or other

Address Rising Sun Date signed 4/6/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04162

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 11 yrs. 8 mos. 12 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa. Maryland County: Cecil

City or town: ~~Perry Point~~ Bethlehem Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2113 W. Broad
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: SCHELL, Orwig J.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1888

8. AGE: Years	Months	Days	If less than one day
51	6	26	____ hrs. ____ min.

9. Birthplace: Norristown, Pa. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: George Schell - not known if dead or living
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Clara (?) - not known if dead or living
15. Birthplace: Pennsylvania

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Apr. 5, 1940. (month) (day) (year)

Cemetery or crematory: Grandview Cemetery

Location: Allentown Pa

18. Funeral director: OLIVER BURKHOLDER

Address: Allentown, Pa.

19. April 5 19 40. (Date rec'd by registrar) Florence M. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4th 1940, at 7:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1928, to April 4 1940, and that I last saw him alive on April 4 1940.

Immediate cause of death	DURATION
Tuberculosis, pulmonary, chronic, far advanced, active	Unknown
Due to	
Due to	
Other conditions: Dementia Praecox, Hebephrenic type (Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 4-5-40.

RECEIVED
APR 12 1940
BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04163

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH!
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 113 Millburn St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1931 – 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 113 Millburn St., Elkton, Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World's War

3. (a) FULL NAME Joseph Selders

3. (b) Social Security Number 218-10-8369

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Aug 15 1898

8. AGE: Years 41 | Months 7 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual occupation Laborer W.P.A
11. Industry or business W.P.A

FATHER
12. Name
13. Birthplace No

MOTHER
14. Maiden name information
15. Birthplace

16. Informant Margaret Mitchell
Address Elkton, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof April 9 1940 (month) (day) (year)
Cemetery or crematory Colored
Location Elkton, Md

18. Funeral director Joseph R. Grant
Address North East, Md.

19. April 8 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1940, to April 6 1940, and that I last saw him alive on April 6 1940.

Immediate cause of death — DURATION
Toxemia due to — 4 days
Due to paralytic ileus
Due to Lobar pneumonia — 13 days
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE James L. Johnson M.D. M. D. or other
Address Elkton, Md Date signed 4/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

APR 15 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04164

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton Route 40 R.D. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ~~Union Hospital~~
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: New Jersey County: Salem
City or town: Salem Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Frank W Taylor
3. (b) Social Security Number: 717-09-0586 → ~~none~~

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Frances Taylor
6(c) If alive, give age: 40 years
7. Birth date of deceased (mo., day, yr.): Oct 25 1899

8. AGE: Years 40 | Months 5 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Salem Salem N J.
(Town, county, and state)
10. Usual occupation: Motor Express
11. Industry or business: Fleet of Trucks
FATHER
12. Name: Wm J Taylor
13. Birthplace: Salem N J
MOTHER
14. Maiden name: Clara R Taylor
15. Birthplace: Canton N J.
16. Informant: Arthur Taylor
Address: Salem. N J.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 21 1940 (month) (day) (year)
Cemetery or crematory: East View
Location: Salem N J
18. Funeral director: H. W. Pippin
Address: Elkton Maryland
19. April 19 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1940, at 6:20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___,
and that I last saw h___ alive on ___ 19___.
Immediate cause of death: Fractured skull
Due to: automobile accident
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accidents Date of: April 18 1940
Where did injury occur? Route 40 (City or town) Cecil (County) Md. (State)
Injured at home, farm, industry, public place (where?): Route 40, near Elkton
Means of injury: Injured at work?

23. SIGNATURE: John B. Slicer coroner
M. D. or other
Address: Trinity Green Md. Date signed: 4/18 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (737)

CERTIFICATE OF DEATH

04165

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel J. Jerry

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Grace Jerry
6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 10. 1873

8. AGE: Years	Months	Days	If less than one day
66	5	8	hrs. min.

9. Birthplace Rising Sun. Cecil Co. Md.
(Town, county, and state)
10. Usual occupation R. F. D. Carrier.
11. Industry or business
FATHER 12. Name Samuel J. Jerry.
13. Birthplace Rising Sun. Md.
MOTHER 14. Maiden name Mary E. Egan.
15. Birthplace Colora. Md.
16. Informant Mrs. Grace Jerry
Address Rising Sun. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 21 (month) (day) (year)
Cemetery or crematory Brookview
Location Rising Sun Md.
18. Funeral director E. T. Tyson.
Address Rising Sun Md.
19. Apr 20 19 (Date rec'd by registrar) L. M. Worthington Registrar

Permit issued 4-20-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940, to April 18 1940, and that I last saw h- alive on April 18 1940.

Immediate cause of death Chronic myocarditis — DURATION unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. B. Shaw M D
M. D. or other
Address Rising Sun Date signed 4/19-40

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04166

92nd

Reg. Diat. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Perryville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 83 years

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Perryville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles W. Ward

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Alice Ward
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1857

8. AGE:

Years	Months	Days	If less than one day
83	—	21	hrs. min.

9. Birthplace Perryville, Cecil Co., Md (Town, county, and state)
10. Usual occupation Painter
11. Industry or business House
FATHER 12. Name William Ward
13. Birthplace Cecil Co., Md
MOTHER 14. Maiden name Frances Bowen
15. Birthplace Baltimore Co., Md
16. Informant Mary A. Ward
Address Perryville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25, 1940 (month) (day) (year)
Cemetery or crematory St. Marks
Location Near Perryville, Md
18. Funeral director Lee A. Patterson
Address Perryville, Md
19. Apr. 25 19 40 (Date rec'd by registrar) Eleanor W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1940, at 2310 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18 1934 to April 23 1940, and that I last saw him alive on April 23 1940.

Immediate cause of death	DURATION
Pulmonary Edema	1 da
Due to Chronic Valvular Heart Disease	6 yrs
Due to Pneumonia	18 da. (1934)
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Address Perryville, Md Date signed 4/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSA15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85-a)

CERTIFICATE OF DEATH

041467

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Port Deposit.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Lee Westerfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia M. Westerfield

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1870

8. AGE:

Years	Months	Days	If less than one day
70	1	26	hrs. min.

9. Birthplace Port Deposit, Cecil Co. Md
(Town, county, and state)

10. Usual occupation Boat Master

11. Industry or business U. S.

FATHER 12. Name Charles Westerfield

13. Birthplace unknown

MOTHER 14. Maiden name Mary A. Gilmore

15. Birthplace Port Deposit, Md.

16. Informant Julia M. Westerfield

Address Port Deposit Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6, 1940 (month) (day) (year)

Cemetery or crematory Hopewell cem.

Location Port Deposit, R.D.

18. Funeral director Lee A. Patterson

Address Perryville, Md.

19. 4-4- 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 6:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939 to March 28 1940

and that I last saw h/ m alive on March 28 1940

Immediate cause of death Cerebral Hemorrhage — DURATION 10 Min

Due to

Due to Hypertension — 12 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. J. Benson M. D. or other

Address Port Deposit Md. Date signed 4/3/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

04168

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Cecil
City or town Charlestown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cecil
City or town Charlestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles P. Williams

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

B (b) Name of husband or wife Essie W. Williams
6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1861

8. AGE:

Years	Months	Days	If less than one day
79	1	23	hrs. min.

9. Birthplace Canada (Town, county, and state)
10. Usual occupation Druggist
11. Industry or business Own Store

FATHER
12. Name Samuel Williams
13. Birthplace England

MOTHER
14. Maiden name Leah Jacobs
15. Birthplace Germany

16. Informant Essie W. Williams
Address Charlestown, Md.

17. Burial Date thereof Apr. 11, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Charlestown
Location Charlestown, Md.

18. Funeral director Lee D. Patterson
Address Perryville, Md.

19. 4-11-1940 Florence W. Sanders
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1939, to Apr 9 1940, and that I last saw him alive on Apr 9. 1940.

Immediate cause of death	DURATION
Carcinoma of Liver	8 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. B. Collins M. D. or other
Address North East, Md. Date signed 4-9-'40

VSA15

RECEIVED
MAY 4 1940
BUREAU V. S.